

**COMBINED DECLARATION & POWER OF ATTORNEY - U.S.A Application**

As a below named inventor, I hereby declare that:

My residence post office address and citizenship are as stated below next to my name.

I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **BOTULINUM TOXIN THERAPY FOR SKIN DISORDERS**, the specification of which

(check one)      ☒ is attached hereto  
                          ☐ was filed on \_\_\_\_\_ as US Application Serial Number \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

**NONE**

Prior Foreign Application(s)			Priority Not Claimed
_____	_____	_____	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

**NONE**

_____	_____
(Application Number)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designation the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

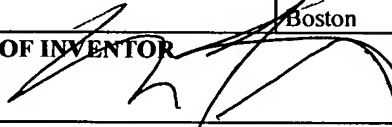
**NONE**

_____	_____	_____
(Application Number)	(Filing Date)	(Status -patented, pending, abandoned)

I hereby appoint **STEPHEN DONOVAN, Registration No. 33,433** (to whom all communications are to be directed), at **Allergan, Inc. (T2-7H), 2525 Dupont Drive, Irvine, CA. 92612, telephone number (714) 246-4026, facsimile number (714) 246-4249**, and the below-named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, with full power to appoint associate attorneys:

<u>Name</u>	<u>Registration N .</u>
Martin A. Voet	25,208
Robert J. Baran	25,806
Carlos A. Fisher	36,510
Brent A. Johnson	51,851

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>FULL NAME OF INVENTOR:</b>			
<b>First Name:</b>  ERIC	<b>Initial</b>  R.	<b>Last Name</b>  FIRST	
<b>RESIDENCE &amp; CITIZENSHIP</b>			
<b>City</b>  BOSTON	<b>State or Foreign Country</b>  MASSACHUSETTS	<b>Country Of Citizenship</b>  U.S.A.	
<b>POST OFFICE ADDRESS</b>			
<b>Post Office Address</b>  52 N Street	<b>City</b>  Boston	<b>State or Country</b>  Massachusetts	<b>Zip Code</b>  02127-2305
<b>SIGNATURE OF INVENTOR</b> 		<b>DATE:</b>  12/4/03	

<b>FULL NAME OF INVENTOR:</b>			
<b>First Name:</b>	<b>Initial</b>	<b>Last Name</b>	
<b>RESIDENCE &amp; CITIZENSHIP</b>			
<b>City</b>	<b>State or Foreign Country</b>	<b>Country of Citizenship</b>	
<b>POST OFFICE ADDRESS</b>			
<b>Post Office Address</b>	<b>City</b>	<b>State or Country</b>	<b>Zip Code</b>
<b>SIGNATURE OF INVENTOR</b>		<b>DATE:</b>	

<b>FULL NAME OF INVENTOR:</b>			
<b>First Name:</b>	<b>Initial</b>	<b>Last Name</b>	
<b>RESIDENCE &amp; CITIZENSHIP</b>			
<b>City</b>	<b>State or Foreign Country</b>	<b>Country of Citizenship</b>	
<b>POST OFFICE ADDRESS</b>			
<b>Post Office Address</b>	<b>City</b>	<b>State or Country</b>	<b>Zip Code</b>
<b>SIGNATURE OF INVENTOR</b>		<b>DATE:</b>	